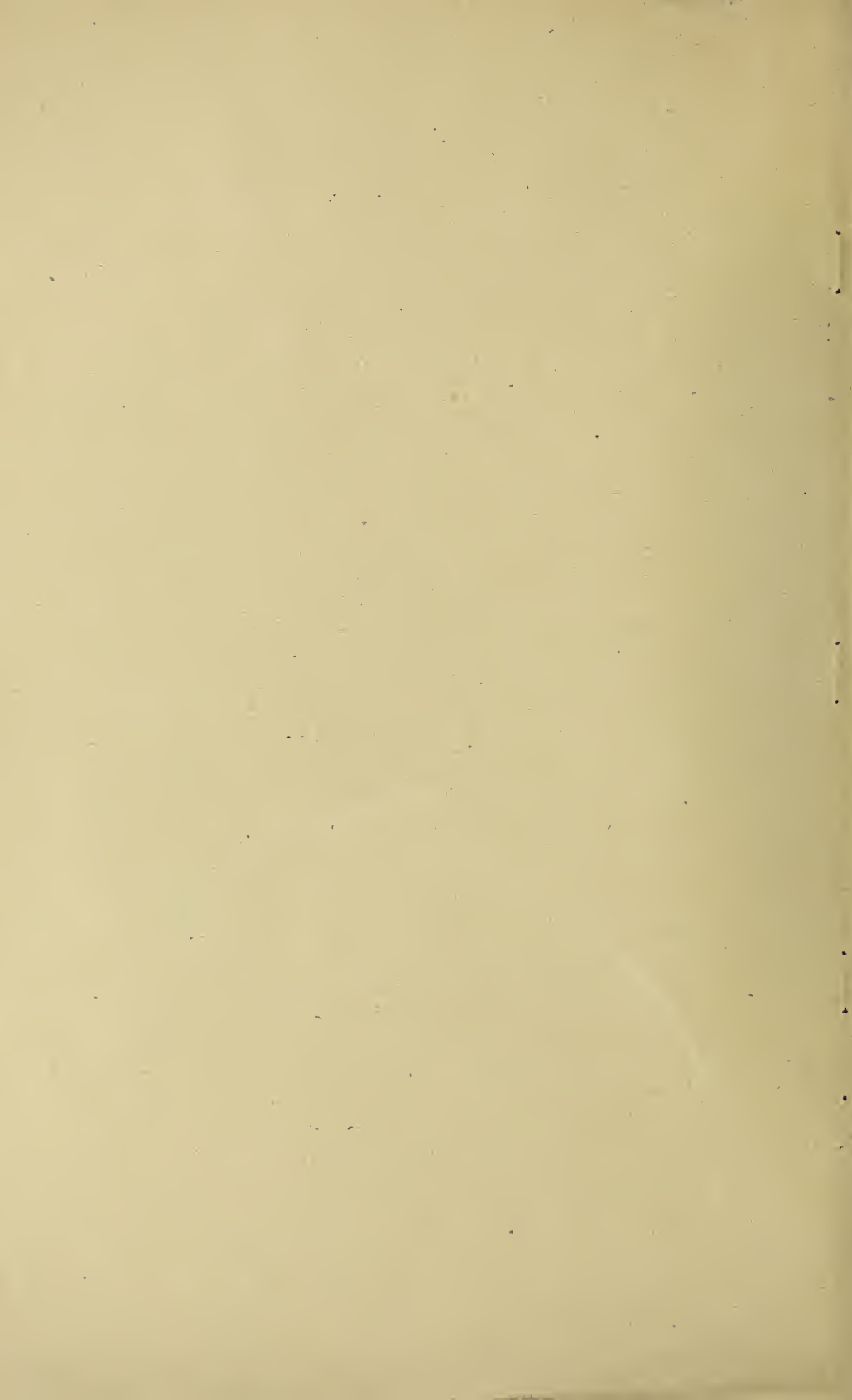


DARFIELD
URBAN DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER
FOR THE YEAR 1951.





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DARFIELD URBAN DISTRICT COUNCIL

Divisional Health Office,
The Gables,
WOMBWELL.

September, 1952.

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the Year 1951.

To the Chairman and Members of the
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the Health and Social conditions of your Urban District for the year ended 31st December, 1951.

The vital statistics on the whole were favourable and the health of the people appeared to be satisfactory. Once again we enjoyed a low infantile mortality rate and the incidence of notifiable infectious disease was lower than in the previous year. The close approximation of the birth rate and the death rate, however, must be noted.

An event which gained much prominence last year was the unwelcome appearance in July of a small outbreak of Paratyphoid Fever. Fortunately, the epidemic was quickly brought under control and only a few people were affected. It was necessary immediately to trace the source of infection to prevent the spread of disease and I would like to acknowledge the helpful co-operation I received throughout the investigation from the public. Many people suffered personal inconvenience from the investigation yet all gave their active assistance not just because it was in their own interests but equally, I believe, because they realised it was in the interest of the community. The practice of public health, because it concerns all, should be the concern of all and it can only be realised in a district when the people not only understand its purpose but are ready and willing to help in its furtherance. Last year's epidemic of Paratyphoid Fever, I repeat, was unwelcome but the proof it gave of the interest of the people in public health was not.

I would like to take the opportunity to thank the members of the Council for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance, and your Sanitary Inspector, Mr. C. Cawthorne, for the loyal co-operation and support he has always so readily given me. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient servant,

R. S. HYND.

Medical Officer of Health.

DARFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

FOR THE YEAR 1951

Statistics and Social Conditions of the Area.

Area	...	...	...	...	...	...	...	...	2,018 acres.
Population (Census 1951)	...	...	...	...	...	...	...	...	6,238
Registrar General's estimate of resident Population mid 1951	...	...	...	...	...	...	...	...	6,209
No. of inhabited houses	...	...	...	...	...	...	...	...	1,900
Rateable Value as at 31st December, 1951.	...	...	...	...	...	...	...	...	£22,551.
Net product of a Penny Rate as at 31st March, 1951...	...	...	...	...	...	...	...	...	£83:12:-d.

Coal mining is the principal occupation of the population and apart from two small factories is the only industry in the district.

VITAL STATISTICS

Live Births

						Males	Females	Total
Legitimate	...	...	...	...	...	48	42	90
Illegitimate	...	...	...	...	...	1	1	2
TOTALS	...	...	...	...	...	<u>49</u>	<u>43</u>	<u>92</u>

The number of live births registered showed a decrease of 15 from the previous year. For 1951 the Registrar General supplied a comparability factor which relates the proportion of women of child-bearing age in the district with the proportion in a standard population and allows of an adjustment to the crude birth rate which makes it comparable with similar adjusted birth rates for other districts and with the rate for the country as a whole. The adjusted birth rate for the district was 15.6 per 1,000 estimated population as compared with 18.1 per 1,000 estimated population for 1950 and with 15.5 per 1,000 estimated population for England and Wales.

The marked fall in the birth rate and its fairly close approximation to the death rate is of some significance. The birth rate was lower even than those of the war years nor, from the records available to me, can I find any year in which the natural increase in population i.e. the excess of births over deaths was as small as last year. With the existing level of employment there can be no real financial grounds for the limitation of the size of the family and it is probable that the present low birth rate is more a reflection of the housing difficulties which have arisen during the past decade. Family life cannot begin until there is a home for the

family and shared houses and lodgings do not truly constitute a home. While the Council has reason to be satisfied with its housing drive since the war it is obvious the drive must be continued for many years to come and must be intensified whenever the opportunity presents.

Stillbirths.

There were two still births last year, the same as in the previous year. The still birth rate for the district was 0.32 per 1,000 estimated population which compares with a rate of 0.36 per 1,000 estimated population for England and Wales.

Deaths.

The number of deaths in 1951 was 82 as against 67 in 1950. The increase affected both sexes and the adjusted death rate was 14.7 per 1,000 estimated population as compared with 12.0 for the previous year and with 12.5 for England and Wales. 8 of the deaths were caused through accidents, 2 being due to road accidents. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infantile Mortality.

There were 2 deaths during the year of infants under the age of one year giving an infantile mortality rate of 21.7 per 1,000 live births as compared with 18.6 for the previous year and with 29.6 for England and Wales. Both babies died within the first week of life and from causes, which in our present knowledge, were not preventable. Wastage of infant life is always a tragic affair not only to the parents but to the country by the loss of a potentially good citizen. It is therefore of the utmost importance that we seek the causes of infantile mortality and prevent them by every means in our power and it is always a real satisfaction when we find that the infant deaths were not caused by circumstances or conditions over which we have, or should have, control. Research into the causes of infantile mortality, which at present remain unknown, must go on but the community, both medical and lay people alike, must at all times take full advantage of the known measures of prevention.

Maternal Mortality.

I am happy to report that there were no deaths from maternal causes during the year.

Infantile Mortality Rate

1942	...	...	...	86.9	1947	...	...	...	7.2
1943	...	...	...	34.3	1948	...	...	...	28.6
1944	...	...	...	32.5	1949	...	...	...	62.5
1945	...	...	...	96.0	1950	...	...	...	18.6
1946	...	...	...	66.1	1951	...	...	...	21.7

INFANTILE MORTALITY IN 1951

Nett deaths from stated causes under one year of age.

Cause at Death	Under 1 week.	1 - 2 weeks	2 - 3 weeks	3 - 4 weeks	Total under 1 month	1 - 3 months	3 - 6 months	6 - 9 months	9 -12 months	Total under 1 year.
Premature Birth ...	1	-	-	-	1	-	-	-	-	1
Congenital Malformation	1	-	-	-	1	-	-	-	-	1
TOTALS ...	2	-	-	-	2	-	-	-	-	2

DEATHS IN AGE GROUPS

					Males	Females	Total.
Under 1 year ...	...	...	...	...	1	1	2
1 - 5 years ...	...	...	...	...	-	1	1
5 - 10 years ...	...	...	...	...	1	-	1
10 - 15 years ...	...	...	...	...	1	-	1
15 - 20 years ...	...	...	...	...	-	-	-
20 - 25 years ...	...	...	...	...	-	-	-
25 - 35 years ...	...	...	...	...	1	-	1
35 - 45 years ...	...	...	...	...	3	3	6
45 - 55 years ...	...	...	...	...	5	4	9
55 - 65 years ...	...	...	...	...	9	5	14
65 - 70 years ...	...	...	...	...	6	7	13
70 - 75 years ...	...	...	...	...	3	5	8
75 - 80 years ...	...	...	...	...	7	4	11
80 - 85 years ...	...	...	...	...	3	6	9
85 - 90 years ...	...	...	...	...	2	4	6
90 years and over	...	...	...	...	-	-	-
TOTALS ...					42	40	82

CAUSES OF DEATH IN 1951.

Causes of Death					Males	Females
1.	Tuberculosis, respiratory	...	...	...	2	-
2.	Tuberculosis, other	...	...	...	-	-
3.	Syphilitic disease	...	...	...	-	-
4.	Diphtheria	...	...	...	-	-
5.	Whooping Cough	...	...	...	-	-
6.	Meningococcal infections.	...	...	...	-	-
7.	Acute poliomyelitis	...	...	...	-	-
8.	Measles	...	...	...	-	-
9.	Other infective and parasitic diseases	...	...	...	-	-
10.	Malignant neoplasm, stomach	...	...	...	-	1
11.	Malignant neoplasm, lung, bronchus	...	...	...	1	-
12.	Malignant neoplasm, breast	...	...	...	-	-
13.	Malignant neoplasm, uterus	...	...	...	-	-
14.	Other malignant and lymphatic neoplasms	...	...	...	4	4
15.	Leukaemia, aleukaemia	...	...	...	-	-
16.	Diabetes	...	...	...	1	1
17.	Vascular lesions of nervous system	...	...	...	3	3
18.	Coronary disease, angina	...	...	...	5	5
19.	Hypertension with heart disease	...	...	...	1	1
20.	Other heart disease	...	...	...	5	5
21.	Other circulatory disease	...	...	...	2	2
22.	Influenza	...	...	...	-	-
23.	Pneumonia	...	...	...	-	-
24.	Bronchitis	...	...	...	3	3
25.	Other diseases of respiratory system	...	...	...	-	-
26.	Ulcer of stomach and duodenum	...	...	...	2	2
27.	Gastritis, enteritis and diarrhoea	...	...	...	1	1
28.	Nephritis and nephrosis	...	...	...	-	-
29.	Hyperplasia of prostate	...	...	...	-	-
30.	Pregnancy, childbirth, abortion	...	...	...	-	-
31.	Congenital malformations	...	...	...	1	1
32.	Other defined and ill-defined diseases	...	...	...	6	6
33.	Motor vehicle accidents	...	...	...	1	1
34.	All other accidents	...	...	...	3	3
35.	Suicide	...	...	...	1	1
36.	Homicide and operations of war	...	...	...	-	-
All causes					42	40

Birth rates, Death rates, Analysis of Mortality, Maternal
Mortality and Case-rates for Certain Infectious Diseases in
the Year, 1951. Provisional figures based on Quarterly Returns.

	Darfield U.D.	England and Wales	126 County Borough & Great Towns (inc. London)	148 smaller towns (Resident pop. 25,000 - 50,000 at 1931 census).	London admini- strative County
Rates per 1,000 Home Population.					
Births:					
Live births	15.6	15.5	17.3	16.7	17.8
Still births	0.32	0.36	0.45	0.38	0.37.
Deaths:					
All causes	14.7	12.5	13.4	12.5	13.1
Typhoid and paratyphoid ...	-	0.00	0.00	0.00	-
Whooping Cough.	-	0.01	0.01	0.01	0.01
Diphtheria	-	0.00	0.00	0.00	0.00
Tuberculosis	0.32	0.31	0.37	0.31	0.38
Influenza	0.16	0.38	0.36	0.38	0.23
Smallpox	-	0.00	0.00	0.00	-
Acute Poliomyelitis (including Polioencephalitis)	-	0.0	0.01	0.01	0.00
Pneumonia	0.16	0.61	0.65	0.63	0.61
Notifications (corrected):					
Typhoid Fever..	-	0.00	0.00	0.00	0.01
Paratyphoid Fever	1.44	0.02	0.03	0.02	0.01
Meningococcal Infection ...	-	0.03	0.04	0.03	0.03
Scarlet Fever..	0.80	1.11	1.20	1.20	1.10
Whooping Cough.	1.61	3.87	3.62	4.00	3.11
Diphtheria	-	0.02	0.02	0.03	0.01
Erysipelas	0.16	0.14	0.15	0.12	0.15
Smallpox	-	0.00	0.00	0.00	-
Measles	12.24	14.07	13.93	14.82	14.64
Pneumonia	0.80	0.99	1.04	0.96	0.72
Acute Poliomyelitis (including Polioencephalitis)					
Paralytic	0.16	0.03	0.03	0.03	0.02
Non-paralytic	-	0.02	0.02	0.03	0.02
Food Poisoning.	0.16	0.13	0.15	0.08	0.23
Deaths:					
	Rates per 1,000 Live Births				
All causes under 1 year of age	21.7	29.6	33.9	27.6	26.4
Enteritis and diarrhoea under 2 years of age	21.7	1.4	1.6	1.0	0.7
Notifications (corrected):					
	Rates per 1,000 Total (Live and Still) Births				
Puerperal fever and pyrexia	0.16	10.66	13.77	8.08	14.90

Maternal Mortality in England and Wales

Intermediate List Number and Cause.	No. of Deaths	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15 - 44
All15 Sepsis of pregnancy, childbirth and the puerperium	70	0.10	
(Abortion with toxæmia)	3	0.00	0
All16 (Other toxæmias of pregnancy and the puerperium)	167	0.24	
All17 Haemorrhage of pregnancy and childbirth	91	0.13	
All18 Abortion without mention of sepsis or toxæmia... ..	37	0.05	4
All19 Abortion with sepsis.	66	0.09	7
All20 Other complications of pregnancy, childbirth and the puerperium	125	0.18	

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1951.

Based on Registrar General's Figures.

					Darfield Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (prov'nal figures)	
Birth Rate per 1,000 estimated population									
Crude ...	...	...	...	...	14.8	15.6	15.8)	15.5
Adjusted.	...	...	...	...	15.6	15.9	16.1)	
Death rate per 1,000 estimated population									
Crude ...	...	...	...	...	13.2	13.5	12.7)	12.5
Adjusted.	...	...	...	...	14.7	13.6	13.2)	
Infective and Parasitic Diseases excluding tuberculosis... but including venereal diseases...									
					-	0.11	0.10	not available	
Tuberculosis:									
Respiratory	...	...	...	...	0.32	0.24	0.24	0.28
Other	...	...	...	...	-	0.04	0.04	0.04
All forms.	...	...	...	...	0.32	0.28	0.28	0.32
Cancer	...	...	...	...	1.61	1.89	1.80	1.96
Vascular lesions of the nervous system ...									
	...	...	...	...	1.45	1.86	1.72	not available
Heart and circulatory diseases					...	5.15	5.10	4.72	do.
Respiratory diseases					...	0.81	1.90	1.81	do.
Maternal Mortality					...	-	0.81	0.93	0.79
Infant Mortality	21.7	30.8	31.8	29.6
Still births					...	21	26	26	23

GENERAL PROVISIONS OF THE HEALTH SERVICES

The provision of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council. Requests for such accommodation from Darfield residents were few but for those who did make application accommodation was provided with little delay in one or other of the various hostels and institutions within the County Area. The living standards in the hostels and institutions continue to improve and now reflect great credit on the Welfare department which administers them. It was necessary in one instance to take action under Section 47 of the National Assistance Act, 1948. I am glad to report that the person settled down most happily in the hostel to which she was admitted and continued to live there voluntarily after the court order expired.

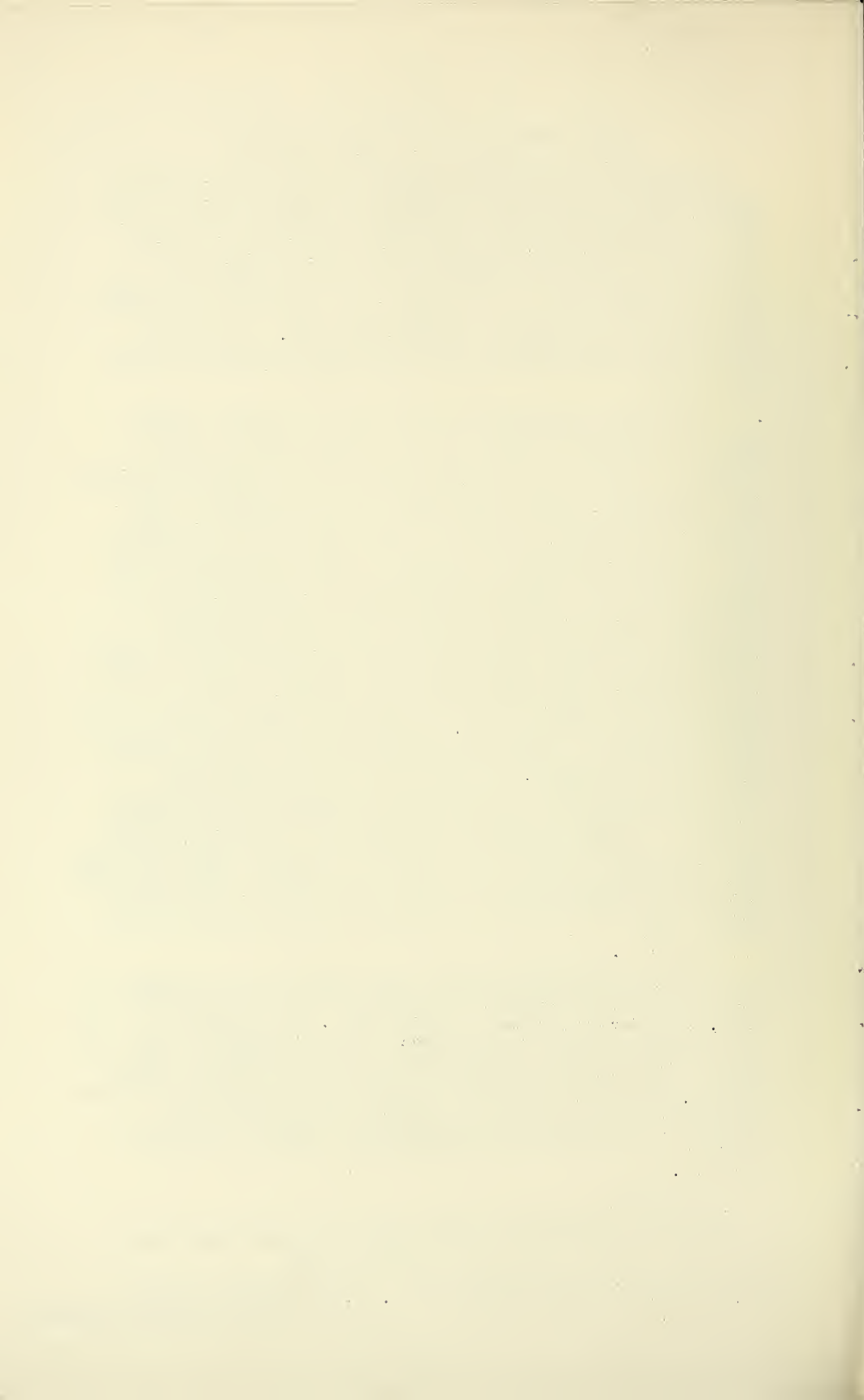
While hospital administration is not part of my duties, hospitals form a vital part of all health services and I must comment in general terms on the adequacy or otherwise of the hospital service for your district. In general last year the hospital needs of the acute sick and of maternity patients, both as regard in-patient and out-patient treatment, were well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and there was marked improvement in the admission rate of tuberculous patients to sanatoria. Hospital facilities for the chronic sick were not entirely satisfactory, though better than the previous year but as in 1950 the most difficult problem was the provision of hospital treatment for persons suffering from mental illness and particularly those suffering from mental deficiency. The number of mental defectives in my division requiring institutional treatment and for whom no vacancy can be found is not large, but, in my view, even the few matter. It is my experience that parents who have the misfortune to have a mentally defective child often give the child more loving care and attention than a normal child and it is rare to find parental neglect among mentally deficient children. Housing and family difficulties, however, combined with behaviour disorders in the mentally defective often make home conditions in such families intolerable and it is then that admission of the mentally defective to an institution is imperative but the sad truth is that in the Sheffield region only rarely can an institutional vacancy be found. I am aware of the immense difficulties of the Regional Hospital Board in finding accommodation and staff, but I am equally aware of the often intolerable hardship to which these families are subject. The problem of institutional accommodation for mentally defectives in this region must be solved, I wish I could foresee its solution in the near future, but I am afraid I cannot.

It must be admitted that the facilities available in the division for the training of mentally defective persons who do not need institutional care, and particularly children, are inadequate. Home training was continued last year and training in small groups at a convenient centre open for one day per week was started but the need for an occupation centre where the mentally defective child and adolescent can attend daily still remains. As I write this report it is hoped that some arrangement with the Barnsley County Borough will soon be reached whereby children in the division can attend the County Borough occupation centre for training, but it is yet to be seen whether this arrangement, if reached, will prove adequate.

General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below:

1. The United Group Hospitals, Sheffield.
2. The St. Helen Hospital, Barnsley.
3. Beckett Hospital, Barnsley.
4. Moorgate General Hospital, Rotherham.



Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals:

St. Helen Hospital, Barnsley.
Montagu Hospital, Mexborough.
Hallamshire Maternity Home, Chapeltown.
Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

The close link between the Chest Centre and the Health Department was maintained throughout the year. The Tuberculosis Visitor, through her work at the Chest Centre, learned of the clinical problems of the patient and by her visits to the home was able to relate them with the problems of prevention peculiar to the family. The checking of contacts and search for the source of infection went on while the patient received treatment, and advice was given to the family on the measures to be taken to prevent the spread of infection. In this way the disease and the patient were considered together and most importantly an even balance was struck between cure and prevention to the detriment of neither.

After care arrangements included extra nourishment, where recommended by the Chest Physician, in the form of a free milk allowance, and open-air shelters, with the loan of the necessary bed and bedding, were provided for suitable cases. Comment on the progress of the B.C.G. vaccination scheme and mass radiography will be made in a later section of the report.

I am glad to acknowledge once again the valuable help given me by the Council in granting housing priority to tuberculous patients where re-housing was indicated as a measure of prevention.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below.

Wednesday:	10.0a.m.	-	12.0 noon.
Wednesday:	2.0p.m.	-	4.0 p.m.
Thursday:	10.0a.m.	-	12.0 noon.
Thursday:	2.0p.m.	-	4.0 p.m.
Friday:	10.0a.m.	-	12.0 noon.

Venereal Diseases.

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre, Queen's Road, Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.



Ambulance Service.

Once again an excellent ambulance service was given the public despite the heavy demands made upon it. The present service bears little resemblance to its predecessor which began the County Ambulance Service in 1948 and indeed the old service could not have coped with present demands which are so incomparably greater than those of the past. To achieve the present standards much expansion and internal re-organisation has obviously been necessary but, while there may be a continued need for re-organisation to meet the increased usage, expansion of a free-service must always be within certain economic limits. If these limits are to be kept the efficiency of the service must depend not only on efficient management but equally on its careful usage by the public.

Last year, as in 1950, it was the hospital out-patient department traffic which caused the ambulance service the greatest burden, a burden which, as in 1950, could have been lighter if perhaps the public had shown a little more thought and consideration. The County Ambulance Officer has asked me to draw the attention of the public to one way the out-patient traffic could be lightened and which would materially help the service without causing hardship to patients. If the ambulance returns for out-patient traffic are examined one is immediately struck by the large proportion of relatives who accompany patients to hospital as escorts. Undoubtedly, in many cases an escort is necessary and probably in all cases it is more pleasant for the patient to have some relative with him during perhaps a long wait at the hospital. But often the long wait there is caused by a long wait for a return ambulance and so a vicious circle is created which can only be broken by either an expensive expansion of the service or by the cutting down of the demand. The fewer the number of escorts, the greater the number of patients who can be carried and the speedier the return ambulance journey, it is just as simple as that.

The County Ambulance Officer is keen to help those patients who genuinely require a relative as escort but he asks patients and relatives to try to see his side of the problem. It would be unfair to leave the decision of escort or not to the ambulance driver and so it is up to the public if they value what is after all their own service, to be careful of the use they make of it.

Home Nursing.

Last year the Home Nurse made 4,337 visits to patients in the district as compared with 3,392 visits in the previous year. Such a large number of visits was only made possible by the integration of the district service within the divisional service and the provision of an adequate relief nursing system. It must be remembered, however, that there are limits to the case-load a nurse can carry and future expansion of the home nursing service will be dependent on either an increase in staff or making each nurse more fully mobile by the provision of suitable transport.

The expansion of the nursing service has had at least two very important effects which are worthy of note, the effect on hospital admissions and discharges and the effect on the work of the family doctor. Because of its ability to give adequate nursing care to patients in their own houses it has undoubtedly relieved the hospital waiting lists, particularly with regard to the chronic sick, and equally important it has in many instances shortened the in-patient period in hospital by providing in the home efficient nursing care during convalescence from acute medical and surgical illnesses. This effect has certainly been felt and welcomed by the hospital staffs. With the discovery of new drugs, particularly the antibiotics, many patients who formerly would have required hospital treatment are now being treated at home by the family doctor. Most of these drugs however must be given by injection and these injections cannot, with safety, be left to the patient or relative. The home nurses are more and more undertaking this work under the supervision of the family doctor and saving him a great deal of time, a commodity which is always precious to a busy person.

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The limits of expansion of the home nursing service have by no means yet been reached. The cry must not always be for bigger and better hospitals, we must prevent what illnesses we can but when illness does occur the possibility of treatment in the home, with the added comfort to the patient of being nursed in familiar surroundings, should be our first consideration. No one in these days decries the necessity for hospitals but let us beware of cultivating so strong a hospital complex that we lose sight of value of home nursing.

Home Help Scheme.

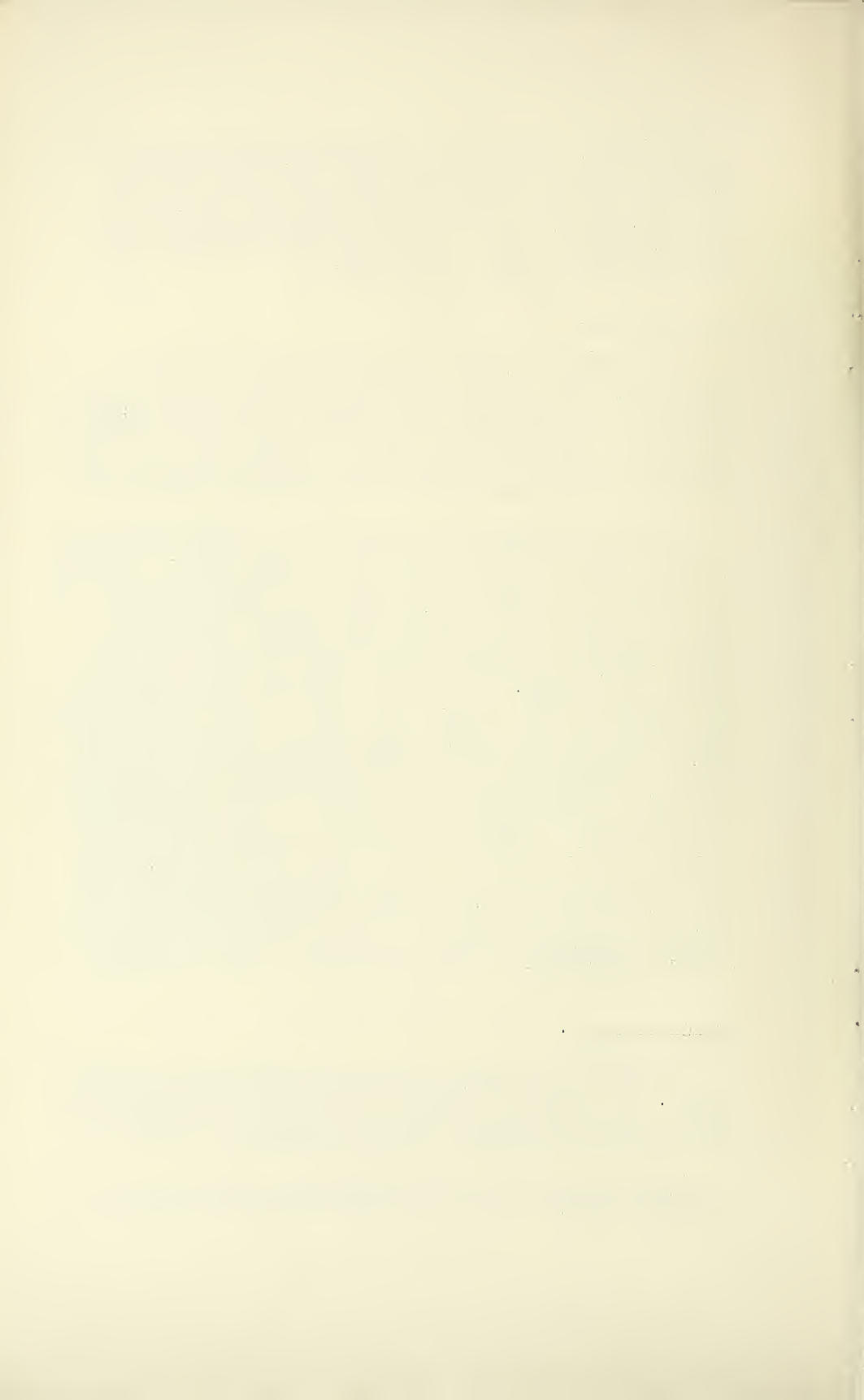
The establishment of home helps for the division throughout the whole of last year was 13 whole-time workers or their equivalent in part-time workers. Once again the greatest need for assistance from the scheme was found among the aged group of the population and nearly three-quarters of the total assistance permitted was given to these people. It was more than doubtful whether the optimum amount of assistance was given to each individual household but it was felt that it was better to give some help to the maximum number rather than give the maximum help to the few.

The home help scheme is not designed to be of assistance to those who can afford to pay for domestic help, indeed if it were what is essentially a welfare service would quickly become a mere domestic agency. The scheme is designed rather to help those who cannot afford domestic assistance during illness or who cannot afford the full cost of such assistance. But the very strength of the scheme exposes its weaknesses and it is the weaknesses which hinder its efficient administration. There are a few people, usually the thriftless, who still regard the scheme as a right granted them by the National Health Service Act and something which is free to them in an emergency. It is neither a right nor is it automatically free, indeed if it were, the value of the service to the community would be immeasurably lessened. It is inevitably among the aged that one finds the greatest need and it is upon such households that the scheme confers the greatest benefit yet even here there is unfortunately to be found a debit account. Undeniably in many instances the provision of a home help to an aged person or an aged couple tends to lessen the sense of responsibility of the family to the parents and so often the help which is given by the home help scheme only compensates for that which should be given by the family and is not. The more I come in contact with the aged and infirm the more I feel that their care cannot be left entirely to the State but must be supplemented with the more human expression of sympathy and help from relatives and good neighbours. The Home Help service is a good service and a much needed one but never let it be thought that it lessens in any way individual and family responsibility or that it can prosper without voluntary help.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.



Maternity and Child Welfare Services.

The Maternity and Child Welfare Services are provided by the County Council and clinics are held in the Methodist Church, Barnsley Road. Infant Welfare clinics are held weekly on Wednesday afternoons and 50 sessions were held during the year. There was an attendance of 3,031 children, an average of 60.6 per session and 96 children were seen for the first time, all of whom were under the age of one year. 1,126 children were examined by the doctor, an average of 22.5 per session. The attendances were slightly lower than in 1950 due, I believe, to the lowered birth rate and not to any lessening in the popularity of the clinic among mothers.

Ante-natal clinics are held on the mornings of the 2nd and 4th Fridays of the month. 24 sessions were held during the year at which 79 women made 380 attendances with an average attendance of 15.8 per session. 22 women attended for post-natal examination, a slight but welcome improvement on the attendance for the previous year. The number of hospital confinements last year was 31, the same as in 1950.

SANITARY CIRCUMSTANCES OF THE AREA.

Housing.

The number of inhabited houses in the district at the end of the year was 1,900. 5 new houses were built during the year, 3 by your Council and 2 by private enterprise. The number of new houses erected was regrettably small, particularly in view of our urgent housing needs, but a very great deal of preparatory work was done in connection with the re-organisation of the sewerage system in readiness for future building plans and for improvements in the facilities of existing premises. A detailed analysis of the housing position is given in the report of the Sanitary Inspector.

Water Supplies.

The water supply for the district, which is a piped supply, is obtained from disused colliery workings, supplemented by water from the Roebuck reservoir, a mixed supply from the Sheffield County Borough upland water supply and the Everill Gate well of the Dearne Valley Water Board. In an emergency an additional supply can be obtained from the Barnsley County Borough upland water supply. The water supply from the Highgate Colliery disused workings was abandoned during the year. The water is filtered and chlorinated and samples from the township are analysed monthly. The sources of supply are tested weekly for purity. The water supply last year was adequate and bacteriologically pure but the quality, measured in terms of total hardness, remained very variable and the effect of the new water softening plant was disappointingly slight.



INFECTIOUS DISEASES.

During the year a total of 124 cases of infectious diseases were notified as compared with a total of 222 cases in the previous year. The decrease in the main was due to the lowered incidence of Measles and Whooping Cough.

Notifiable Diseases (other than Tuberculosis) during 1951.

	Total Cases Notified	Admitted to Hospital	Deaths
Measles	76	-	-
Whooping Cough	10	-	-
Smallpox	-	-	-
Scarlet Fever	5	5	-
Diphtheria	-	-	-
Puerperal Pyrexia	1	-	-
Pneumonia	5	1	1
Acute Encephalitis:			
(a) Infective	-	-	-
(b) Post-infectious	-	-	-
Acute Poliomyelitis:			
(a) Paralytic	1	1	-
(b) Non-paralytic	-	-	-
Erysipelas	1	-	-
Meningococcal Infection	-	-	-
Food Poisoning	1	-	-
Dysentery	1	-	-
Paratyphoid Fevers	9	9	-
TOTALS	<u>110</u>	<u>16</u>	<u>1</u>

Vaccination.

Last year nearly 40% of the infants in Darfield were vaccinated, a highly commendable percentage nowadays, when such an important public health measure as vaccination has come to be largely forgotten or ignored by the public save during a smallpox scare. In these days of speedy travel, when distant parts of the world can come close together in time, the re-introduction of smallpox in its classical and virulent form into the country is no mere vague possibility as fairly recent outbreaks in Brighton and Glasgow have only too painfully shown. The best time for vaccination is undoubtedly in infancy when the constitutional symptoms are slight and the risk of nervous complications negligible. Much time and effort has been spent in the infant welfare clinics convincing mothers of the rightness of our attitude to vaccination and I am more than hopeful that further improvement in the vaccination figures will follow.

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Diphtheria.

For the sixth successive year no case of diphtheria was reported in the district and the reason for this freedom from the disease can be seen very clearly in the immunisation statistics. These show that last year 86.4% of all children in the district between the ages of 0-14 years were immunised as against 81.8% for the previous year. The percentage of children immunised in the age group 0-4 years rose from 56.4% to 67.1% and those in the age groups 5-14 years from 97.6% to 97.7%. These figures are most encouraging, particularly the very marked improvement which has been made in the past few years in the immunisation state of the pre-school children. There is every reason to expect that the rates will be maintained or improved and there are very good grounds for the belief that diphtheria in Darfield is now only an unpleasant memory of the past.

Scarlet Fever.

Five cases of Scarlet Fever were notified last year as against one in 1950 and five in 1949. Once again the disease was mild in character and unattended by complications.

Measles.

There was a marked decline in the incidence of Measles last year when 76 cases were notified as compared with 159 in 1950. The disease was fairly evenly distributed throughout the district and on the whole was mild in character and free from complications, in fact it was more of a nuisance than an illness.

Whooping Cough.

The incidence of Whooping Cough last year was low when only 10 cases were notified as compared with 32 in the previous year.

Whooping Cough is a most troublesome illness of any age and even a dangerous one amongst infants and toddlers. In my last annual report I stated the position of whooping cough immunisation as it was then and from a technical point of view there is little to add to that statement. The present vaccines are not as yet as effective as are the prophylactics against diphtheria. They will give complete protection in probably the majority of cases and will confer sufficient immunity to modify the course of the illness in a large proportion of the remainder. They are, therefore, potent vaccines even if they have not the superlative potency of the diphtheria prophylactics. In the spring of 1952 whooping cough immunisation was made available at the infant welfare centres and I expect a large number of patients will accept the facilities offered. The results will be watched most carefully but 2 - 3 years must lapse before a reliable evaluation of the experiment can be made.

Poliomyelitis.

One child contracted Poliomyelitis last year and I am sorry to report he has been left with some degree of residual paralysis.



Enteric Fever.

There was a small outbreak of Paratyphoid Fever in July last year when 9 persons contracted the disease, 4 of whom were symptomless carriers only and discovered during investigation. A complete report of the investigation was submitted to the Council and the Ministry of Health and it is not necessary here to repeat the details of that report.

Tuberculosis.

14 new cases of Tuberculosis were notified during the year, 12 of whom had Pulmonary lesions and 2 Non-Pulmonary lesions. There were 2 deaths from Pulmonary Tuberculosis but no deaths from Non-Pulmonary Tuberculosis in the year.

In the past few years very great advances indeed have been made in the treatment of all forms of Tuberculosis with the discovery of new drugs and improved technique greatly decreasing operative risk where surgical treatment proves necessary. The outlook for the tuberculous patient is certainly very much brighter than it was, both with regard to the full restoration to health and the complete rehabilitation within the working community. Nevertheless, early diagnosis is still of prime importance in treatment and the corner stone in prevention. The speed at which it is possible to convert an infectious patient into a non-infectious patient helps materially in the prevention of spread but the speedy detection of the infectious case is just as important to the community. I am glad to be able to report that last year a large number of Darfield residents visited the Mass Radiography Unit while it was in Barnsley and later in Wombwell and I hope even more will take advantage of this important health check when the units come again to Barnsley in the summer of 1952. In addition all school leavers together with the teachers and the school meals service staff were given last year the opportunity of a chest X-ray during the three-weeks stay of the Mass Radiography Unit in Wombwell and the response was truly magnificent. I hope to be able to arrange for a similar examination for all school leavers towards the end of 1952. The initial effect of the annual use of Mass Radiography will be to increase the annual number of notifications of Pulmonary Tuberculosis by revealing the unsuspected cases but eventually, by the eradication of the hidden sources of infection, fewer and fewer cases will come to light and the disease will begin to wane.

A great deal of progress also was made during the year in the protection of susceptible children who were intimate contacts of open cases of Pulmonary Tuberculosis with E.O.G. vaccine. The initial difficulties of the scheme were largely overcome and the importance of the measure more and more understood and accepted by parents. As a result the number of successful vaccinations increased and another real public health measure is beginning to show the signs of a successful launching.

TUBERCULOSIS - New Cases and Mortality for the past five years.

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1947	9	1
1948	8	1
1949	13	-
1950	13	3
1951	12	2



Tuberculosis - New Cases and Mortality in 1951.

Age Periods			New Cases				Deaths			
			Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
			M	F	M	F	M	F	M	F
0	...	...	...	-	-	1	-	-	-	-
1	...	...	...	-	-	-	-	-	-	-
5	...	...	...	-	-	1	-	-	-	-
15	...	...	...	2	1	-	-	-	-	-
25	...	...	...	2	1	-	-	-	-	-
35	...	...	...	4	1	-	-	-	-	-
45	...	...	...	-	-	-	-	1	-	-
55	...	...	...	1	-	-	-	-	-	-
65 and upwards	...	...	...	-	-	-	-	1	-	-
TOTALS ...			9	3	2	-	2	-	-	-

Tuberculosis - Record of Cases during 1951.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1951	30	22	3	4
No. of cases notified for the first time during year	9	3	2	-
No. of cases restored to register	-	-	-	-
No. of cases added to register otherwise than by notification	-	-	-	-
No. removed to other districts	-	-	-	-
No. cured or otherwise removed from register	4	2	1	1
No. died	2	-	-	-
Total at end of 1951 ...	33	23	4	3

ANNUAL REPORT
OF THE
SANITARY INSPECTOR
FOR THE YEAR 1951.

To the Chairman and Members of the
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have the pleasure to present to you my report on the Sanitary circumstances of the Urban District for the year ended 31st December, 1951.

Re-organisation and improvement of the existing sewerage system, concomitant with which is the need to provide more new houses, are the immediate measures needed to improve the general circumstances of the district. Many families, especially young ones, are perforce living in unsatisfactory housing circumstances. These circumstances can most effectively be improved by the rapid provision of new houses, and, as the succeeding pages of the report will show, house building proceeded at a disappointing rate during the year. It is worthwhile recording that there was no lack of enthusiasm or desire on the part of the Council to meet the housing shortage, but, by reason of the need to replace an obsolescent sewerage system before further house building could proceed, only five new dwellings were completed.

As a consequence of economic circumstances, the reconditioning, improvement and even repair of houses in private ownership on any substantial scale, was a difficult and tedious undertaking. Some owners showed overt opposition to official notices requiring the execution of work, even on a small scale, and it is quite apparent that the controlled rent expenditure ratio is a serious set-back to the proper maintenance and improvement of private house property. There was only one applicant for grant under the Housing Act, 1949, which demonstrates that the Act has not brought, nor cannot bring about, any substantial improvement in housing circumstances in the district, unless and until the provisions of the Act are more widely known and applied.

I remain,

Your obedient servant,

C. CANTHORNE.

Sanitary Inspector.

PUBLIC CLEANSING.

The refuse collection service has been maintained in a satisfactory manner throughout the year, with a seven day frequency of collection.

Owners of property continue to protest strongly against the policy of requiring them to provide dustbins. However, no one used their right of appeal against the service of a Statutory Notice, but there has been an increase in the number of notices which had to be carried out in default.

In general, the tipping of refuse has been satisfactorily carried out. Almost the whole of one large riparian field has been raised above flood water level.

The recovery of salvage has been the subject of special attention, and the value of recovered materials reached the record sum of £739: 1: 5d. This was undoubtedly due mainly to favourable market prices, though the collection of saleable materials was appreciably stimulated by the introduction of a bonus system for the Collecting Staff.

The following is a summary of the salvaged materials sold:

					£.	s.	d.
Paper	...	...	...	...	555	18	7
Rags	...	...	...	...	27	5	-
Metals	...	...	...	...	117	10	4
Bottles	...	...	...	...	2	5	-
Miscellaneous Items	...	...	...	...	36	2	6
					739	1	5

FOOD INSPECTION.

(a) Food Premises.

Regular inspections of premises have been made. Two new shops were erected by the Council and these were adequately provided with washing facilities, both in the store rooms at the rear and also inside the shop.

The number of registered premises is as follows:

Fried Fish Shops	...	...	...	...	8.
Ice Cream Dealers	...	...	...	...	9.
Meat Products	...	...	...	...	2.

During the year byelaws concerning the handling and wrapping of food were introduced.

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(b) Meat Inspection.

There are two private licensed slaughterhouses which were generally satisfactory.

All animals killed under licence were inspected, and the following diseased parts were surrendered for destruction:

Head	-	Tuberculosis	...	26 lbs.
Intestines	-	Tuberculosis	...	10 lbs.
Liver	-	Liver Abscess	...	4 lbs.
Carcase and Organs	Dropsy	...	...	-

(c) Milk.

The following list shows the number of licensed distributors of milk.

Sterilised Milk	...	...	...	...	2.
Pasteurised Milk	...	...	...	...	3.
Tuberculin Tested Milk	...	...	...	...	3.

(d) Other Foods.

The following miscellaneous items of foodstuff were found to be unfit for human consumption and were surrendered for destruction:

Beans	...	...	...	...	...	27 tins.
Boneless Ham	...	...	...	...	...	46 lbs. 3 ozs.
Cheese	...	...	...	...	...	17 lbs.
Apples	...	...	...	...	...	2 tins.
Cherries	..	...	...	...	...	25 tins.
Milk	...	...	...	...	...	5 tins.
Peas	...	...	...	...	...	1 tin.
Meat	...	...	...	...	...	1 tin.
Corn Flakes	...	...	...	...	...	2 packets.
Shredded Wheat	..	...	...	...	...	3 packets.
Pears	...	...	...	...	...	4 tins.
Tomatoes	..	...	...	...	...	4 tins.
Soup	...	...	...	...	...	6 tins.

(e) Food Sampling.

The following foods were sampled and submitted for analysis by the Public Analyst.

Pasteurised Milk	...	...	...	...	6.
Tuberculin Tested Milk	...	...	...	...	10.
Ice Cream	...	...	...	...	8.

All the biological, methylene blue and phosphatase tests of milk were satisfactory with the exception of one phosphatase test on pasteurised milk.

Six of the ice cream samples were found to be Grade 1 and two were Grade 2.

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HOUSING.

Steady progress has been maintained with the provision of separate sanitary accommodation for property where accommodation has been previously shared.

New house building has again been retarded, due to the necessity of re-organising the sewerage system. Site work commenced towards the end of the year on a new housing site which will hold 174 houses. Total houses erected in the year by the Council was 3, and by private builders 2.

The demolition of four houses which had stood empty for many years has been carried out without objection from the owner.

During the year the Council's house waiting list has been revised, and it is worthwhile noting that only a very small proportion of applicants are living in overcrowded circumstances.

The following is a summary of the various notices served and visits made:

(a) Notices.

Notices were served as follows:

Notices served under Public Health Act, 1936:

Informal	274.
Formal	45.

Notices served under Housing Act, 1936:

Formal	5.
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Notices served under Factories Act, 1937:

Informal	1.
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The following notices were complied with:

Notices served under Public Health Act, 1936:

Informal	228.
Formal	38.

Notices served under Housing Act, 1936:

Formal	5.
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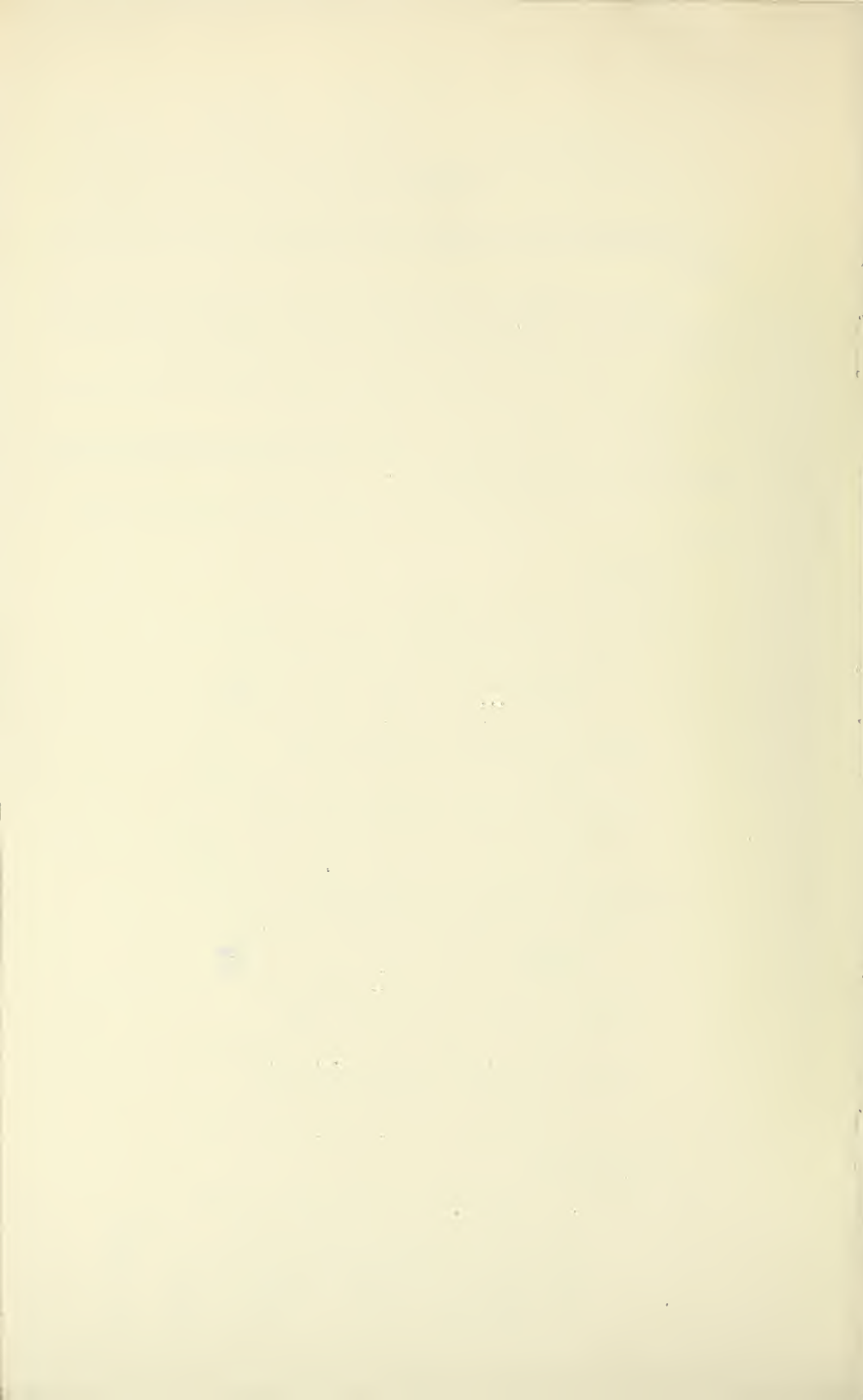
Notices served under Factories Act, 1937:

Informal	1.
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(b) Visits Made.

Visits were made under the various Acts as below:

Visits made under Public Health Act, 1936 ...	1,086.
Visits made under Housing Act, 1936 ...	316.
Visits made under Food and Drugs Act, 1938 ...	160.
Visits made under Factories Act, 1937 ...	18.
Visits made under Prevention of Damage by Pests Act, 1949	54.



GENERAL SANITARY ADMINISTRATION.

(a) Water Supply.

There is a public water supply to all except eight isolated premises, all of which have a reasonably satisfactory piped supply inside the buildings, from a spring. Regular samples were obtained and found to be bacteriologically satisfactory with one exception, and this was taken immediately following repairs to the supply pipe.

During the year a piped water supply was laid to the Council's Sewage Disposal Works. Previously water had been obtained from an unsatisfactory shallow well.

The public water supply has been most variable in quality, and has been occasionally discoloured by iron compounds. For several months of the year, a daily test was applied to determine temporary and total hardness, and this was found to be between 2 and 32 and 5 and 66 parts per 100,000 respectively. It is understood that the Water Board responsible is installing suitable softening plant.

(b) Rodent Control.

Rodent control was carried out with satisfactory result at the Council's refuse tips, sewage disposal works and sewers. Several other premises required treatment for minor infestations.

(c) Colliery Spoilbank.

There is only one Colliery Spoilbank in the area, this has been intermittently troublesome. In conjunction with the colliery management, several methods of control have been tried with variable degrees of success.

(d) Factories.

There are 3 factories on the register. These were maintained in a satisfactory manner and it was necessary to serve only one written notice.

(e) Public Conveniences.

During the year a new Public Convenience was erected in replacement of one which was very unsatisfactory.

(f) Schools.

The canteen facilities and Sanitary accommodation at one school were substantially improved as a result of negotiation with the school authorities.

(g) Notifiable Disease.

Enquiries were made into all reported cases, and disinfection was carried out where necessary. A minor outbreak of Paratyphoid Fever occurred during July, and several cases were admitted to hospital for treatment. The infection was quickly traced to a source outside the district, and immediate measures were taken to bring the outbreak under control.



